

MEDI-CAL PLANNING WORKSHEET



KRASA LAW
PLANNING FOR EACH GENERATION

USING THIS ORGANIZER WILL ASSIST US WITH YOUR MEDI-CAL
PLANNING.

ALL INFORMATION PROVIDED IS STRICTLY CONFIDENTIAL.

PROPERTY INFORMATION

INSTRUCTIONS FOR COMPLETING THE *PROPERTY INFORMATION* CHECKLIST

General Headings

This *Property Information* checklist is designed to help you list all the property you own and what it is worth. If you do not own property under a particular heading, just leave that section blank. Under certain headings you may own more property than can be listed on this checklist. If so, use **extra sheets** of paper to list your additional property.

“Owner” of Property

How you own your property is **extremely important** for purposes of properly designing and implementing your estate plan. For each property please indicate how the property is titled. When doing so, please use the following abbreviations:

Owner of Property	Use
If married, Husband’s name alone, with no other person	H
If married, Wife’s name alone, with no other person	W
If married, Joint Tenancy with spouse	JTS
Joint Tenancy with someone other than a spouse, i.e. a child, parent, etc.	JTO
If you cannot determine how the property is owned	?

CHECKING ACCOUNTS:

Please provide the Local address information for each institution.

NAME AND <u>LOCAL</u> ADDRESS OF INSTITUTION	ACCOUNT NUMBER	BALANCE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SAVINGS ACCOUNTS:

Please provide the Local address information for each institution.

NAME AND <u>LOCAL</u> ADDRESS OF INSTITUTION	ACCOUNT NUMBER	BALANCE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STOCKS - INDIVIDUAL SHARE CERTIFICATES:

DO NOT LIST STOCKS THAT ARE IN A BROKERAGE OR RETIREMENT ACCOUNT

Please list all stock in publicly-traded corporations in which you hold the actual stock certificates (*this includes stock traded on an exchange or over the counter*).

NOTE: Stock owned in family or non-publicly-traded companies should be listed under the Business Interests section.

NAME OF STOCK AND ADDRESS FOR NOTICE	CERTIFICATE NUMBER	FAIR MARKET VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	TYPE OF STOCK: _____	NUMBER OF SHARES: _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	TYPE OF STOCK: _____	NUMBER OF SHARES: _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	TYPE OF STOCK: _____	NUMBER OF SHARES: _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	TYPE OF STOCK: _____	NUMBER OF SHARES: _____	_____	_____

DIVIDEND REINVESTMENT:

DO NOT LIST ACCOUNTS THAT ARE IN A BROKERAGE OR RETIREMENT ACCOUNT

COMPANY NAME AND ADDRESS	ACCOUNT NUMBER	FAIR MARKET VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

U. S. TREASURY DIRECT:

ACCOUNT NAME	ACCOUNT NUMBER	FACE VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

LIMITED PARTNERSHIPS:

PARTNERSHIP NAME AND ADDRESS	GENERAL PARTNER	LIMITED PARTNER	VALUE	OWNER(S)	OFFICE USE
_____	_____ %	_____ %	\$ _____	_____	_____
_____	_____ %	_____ %	\$ _____	_____	_____
_____	_____ %	_____ %	\$ _____	_____	_____

GENERAL PARTNERSHIPS:

PARTNERSHIP NAME AND ADDRESS	GENERAL PARTNER	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

LIMITED LIABILITY COMPANIES:

LLC NAME AND ADDRESS	OWNERSHIP INTEREST	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

CORPORATE BUSINESS INTERESTS:

COMPANY NAME AND ADDRESS	NUMBER OF SHARES	PERCENTAGE OWNERSHIP	BUY/SELL	VALUE	OWNER(S)	OFFICE USE
_____	_____	_____ %	_____	\$ _____	_____	_____

_____	_____	_____ %	_____	\$ _____	_____	_____

SOLE PROPRIETORSHIPS:

NAME OF BUSINESS	DESCRIPTION OF BUSINESS	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

REAL PROPERTY INTERESTS:

ADDRESS AND/OR GENERAL DESCRIPTION	LOANS	FAIR MARKET VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	\$ _____	_____	_____

_____	\$ _____	\$ _____	_____	_____

_____	\$ _____	\$ _____	_____	_____

_____	\$ _____	\$ _____	_____	_____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH REAL PROPERTY:

	POLICY NUMBER	COMPANY NAME AND ADDRESS	AGENT NAME	OFFICE USE
TITLE INSURANCE	_____	_____	_____	_____

HOMEOWNER'S INSURANCE	_____	_____	_____	_____

MORTGAGE COMPANY	_____	_____	_____	_____

OIL AND GAS INTERESTS:

DESCRIPTION, AND OIL/GAS LESSEE NAME AND ADDRESS	ESTIMATED VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

MORTGAGES AND DEEDS OF TRUST:

DO NOT LIST MORTGAGES THAT ARE LIABILITIES; ONLY LIST MORTGAGES THAT ARE ASSETS

NAME AND ADDRESS OF DEBTOR	DATE OF NOTE	CURRENT BALANCE OWED	OWED TO	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

LEASES:

ADDRESS OR DESCRIPTION OF PROPERTY	NAME AND ADDRESS OF LESSEE	ANNUAL RENTS	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

TIME SHARES/CO-OPS:

PROPERTY NAME AND ADDRESS	DEVELOPMENT OWNER(S)	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

_____	_____	\$ _____	_____	_____

NOTES RECEIVABLE:

NAME AND ADDRESS OF DEBTOR	DATE OF NOTE	NOTE AMOUNT	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____

LIFE INSURANCE:

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS	TYPE	FACE AMOUNT	CASH VALUE	BENEFICIARIES	INSURED	OWNER	OFFICE USE
_____	_____	\$ _____	\$ _____	1 ^{ry} _____	_____	_____	_____
_____				2 ^{ry} _____			
_____				POLICY NUMBER: _____			
_____	_____	\$ _____	\$ _____	1 ^{ry} _____	_____	_____	_____
_____				2 ^{ry} _____			
_____				POLICY NUMBER: _____			
_____	_____	\$ _____	\$ _____	1 ^{ry} _____	_____	_____	_____
_____				2 ^{ry} _____			
_____				POLICY NUMBER: _____			

ANNUITIES:

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS	TYPE	ANNUITY AMOUNT	BENEFICIARIES	OWNER/ ANNUITANT	OFFICE USE
_____	_____	\$ _____	LIFETIME: _____	_____	_____
_____			DEATH: _____		
_____			CONTRACT NUMBER: _____		
_____	_____	\$ _____	LIFETIME: _____	_____	_____
_____			DEATH: _____		
_____			CONTRACT NUMBER: _____		

INVESTMENT RETIREMENT ACCOUNTS (IRAs):

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS FOR NOTICE	ACCOUNT NUMBER & DEATH BENEFICIARY	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____			
_____	_____			
_____	_____	\$ _____	_____	_____
_____	_____			
_____	_____			

QUALIFIED PLANS (PENSION PLANS):

PLEASE REQUEST A COPY OF THE CURRENT BENEFICIARY DESIGNATIONS AND A BLANK CHANGE OF BENEFICIARY FORM FOR EACH ACCOUNT.

COMPANY NAME AND ADDRESS	TYPE	% VESTED	DEATH BENEFICIARY	VALUE	OWNER(S)	OFFICE USE
_____	_____	_____ %	_____	\$ _____	_____	_____
_____			_____	Account #: _____		
_____			_____			
_____	_____	_____ %	_____	\$ _____	_____	_____
_____			_____	Account #: _____		
_____			_____			

INTELLECTUAL PROPERTY INTERESTS:

Please list all REGISTERED copyright, trademark, patent and royalty interests. If you have not registered any of these interests, please see the "Informational Items" section at the end of this booklet.

NOTE: If you have licensed or assigned any rights to your registered intellectual properties, please discuss these items with the attorney before transferring them into your trust. Provide copies of any license or assignment agreements you have signed.

BRIEF DESCRIPTION	TYPE	CERTIFICATE NUMBER	CERTIFICATE DATE	OWNER(S)	OFFICE USE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

LAWSUIT JUDGMENTS:

Please list all judgments where you have been awarded money damages in a court proceeding. Enter the name and address of the judgment debtor.

CASE NUMBER	COURT	JUDGMENT	JUDGMENT DEBTOR	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____	_____
STATE & COUNTY:	_____		_____		

_____	_____	\$ _____	_____	_____	_____
STATE & COUNTY:	_____		_____		

AUTOMOBILES, MOTORCYCLES, BOATS, RV'S, AIRPLANES, AND OTHER VEHICLES:

DESCRIPTION (YEAR, MAKE AND MODEL)	TYPE	REGISTRATION NUMBER	NET MARKET VALUE	OWNER(S)	OFFICE USE
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____
_____	_____	_____	\$ _____	_____	_____

PERSONAL PROPERTY:

Please list the approximate value of all valuable art, jewelry, furniture, collections or other personal items with an individual value exceeding \$20,000 or for which you have an appraisal.

PROPERTY DESCRIPTION	VALUE	OFFICE USE
Husband's Personal Property _____	\$ _____	_____
Wife's Personal Property _____	\$ _____	_____
Both Husband's and Wife's Personal Property _____	\$ _____	_____

BURIAL PLOTS:

NAME AND ADDRESS OF BURIAL PLOT LOCATION	TYPE	VALUE	OWNER(S)	OFFICE USE
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____
_____	_____	\$ _____	_____	_____

MEMBERSHIPS:

Please list all memberships that have monetary value and permit your interest to be transferred.

DESCRIPTION AND ADDRESS	VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

OTHER ASSETS:

DESCRIPTION	VALUE	OWNER(S)	OFFICE USE
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

INSURANCE:

Please answer the following questions, which will allow us to provide specific information about your estate plan to insurance companies that are currently protecting the assets you are transferring into your trust.

	POLICY NUMBER	COMPANY NAME AND ADDRESS	AGENT NAME	OFFICE USE
AUTO INSURANCE	_____	_____ _____ _____	_____	_____
LIABILITY INSURANCE	_____	_____ _____ _____	_____	_____

Total Estimated Value of Estate: \$ _____.

Acknowledgement by Clients

I/We hereby agree that I/we have completely and accurately filled out the above Asset Information Booklet, including all assets owned by the applicant.

I/We hereby acknowledge that my/our failure to list all assets on this questionnaire may cause consequences such as Ineligibility for Medi-Cal and other public benefits for which KRASA LAW will not be responsible.

Dated: _____

Signature: _____

Printed Name: _____

Dated: _____

Signature: _____

Printed Name: _____